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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 20-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



Financial Management Group

April 10, 2020

Patrick Allen, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1079

Reference: TN 20-0007

Dear Mr. Allen:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number 20-0007. This amendment proposes a COVID-19 increase to nursing facility ventilator rates. The increased reimbursement will end on the last day of the COVID-19 declared emergency period.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This letter is to inform you that Medicaid State Plan Amendment OR-20-0007 is approved effective March 20, 2020. The CMS-179 and the plan page are enclosed.

If you have any questions or need further assistance, please contact Betsy Pinho at 518-396-3816 or betsy.pinho@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Kristin Fan.

Kristin Fan
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 20-0007	2. STATE Oregon
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FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance
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TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 3/20/20
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5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart C	7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$ 530,930 128,244 * b. FFY 2021 \$ 1,002,564 0 *
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, Part 1, page 12	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D, Part 1, page 12
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10. SUBJECT OF AMENDMENT: This transmittal is being submitted related to COVID-19 emergency. This SPA increases the nursing facility Ventilator rate.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: The Governor does not wish to review any plan materials.
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Oregon Health Authority Medical Assistance Programs 500 Summer Street NE E-65 Salem, OR 97301 ATTN: Jesse Anderson, State Plan Manager
13. TYPED NAME: Lori Coyner, MA	
14. TITLE: State Medicaid Director, OHA	
15. DATE SUBMITTED: 3/20/20 3/30/20	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 3/30/2020	18. DATE APPROVED: 04/10/20

PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 3/20/2020	20. SIGNAT 
21. TYPED NAME: Kristin Fan	22. TITLE: Director FMG

23. REMARKS:

*** On 4/7/2020, Oregon State authorized CMS to make Pen & Ink changes to Box 7, Federal Budget Impact.**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

For each facility, its allowable costs, less the costs of its self-contained pediatric unit or ventilator assisted Program (if any) is inflated from the mid-point of its fiscal reporting period to the mid-point of the following fiscal year, by projected changes in the DRI* Index.

For each facility, its Allowable Costs Per Medicaid Day is determined using the allowable costs as inflated and resident days excluding days in a self-contained pediatric unit or ventilator assisted program unit as reported in the Statement.

- a. Complex Medical Needs Add-on Rate. The Complex Medical Needs Add-on Rate is 40 percent of the Basic Rate.
 - b. Ventilator Assisted Program rate is 235% of the basic rate. This increased portion of the rate is time limited and will end on the last day of the declared COVID-19 emergency.
2. For the period beginning July 1, 2007 through June 30, 2016, the Rate is set at the 63rd percentile of allowable costs (both direct and indirect).
 3. Nursing facility bed capacity in Oregon shall be reduced by 1,500 beds by December 31, 2015, except for bed capacity in nursing facilities operated by the Department of Veteran's Affairs and facilities that either applied to the Oregon Health Authority for a certificate of need between August 1, 2011 and December 1, 2012, or submitted a letter of intent under ORS 442.315(7) between January 15, 2013 and January 31, 2013. An official bed count measurement shall be determined and issued by the Department prior to July 1, 2016 and each quarter thereafter if the goal of reducing the nursing facility bed capacity in Oregon by 1,500 beds is not achieved.
 - a. (a) For the period beginning July 1, 2013 and ending June 30, 2016, the Department shall reimburse costs as set forth in section (1) of this rule at the 63rd percentile.
 - b. For each three-month period beginning on or after July 1, 2016 and ending June 30, 2018, in which the reduction in bed capacity in licensed facilities is less than the goal described in this section, the Department shall reimburse costs at a rate not lower than the percentile of allowable costs according to the following schedule:
 - (A) 63rd percentile for a reduction of 1,500 or more beds.

* DRI compiled from *the IHA Economics, Healthcare Cost Review Report*, Table 6.7 titled "CMS Nursing Home without Capital Market Basket"